

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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26								
27								
28	1		1					
29	1	1	1	1				
30	1		1					
31		1		1				
32		1		1				
33		1		1				
34	1		1					
35		1		1				
36		1		1				
37	1		1					
38		1		1				
39		1		1				
40		1		1				
41	1		1					
42		1		1				
43		1		1				
44		1		1				
45		1		1				
46		1		1				
47		19		1				
48		19		1				
49	1		1					
50		1		1				
TOTAL		↓		↓		↓		↓

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1		1			
52		2	1			
53		2	1			
54		2	1			
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96						
97						
98						
99						
100						
TOTAL IND.	7	↓	7	↓		↓
TOTAL DEP.	59	↓	20	↓		↓
TOTAL CLAIMS	66		27			

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS